

Appl. No. 10/027,073
Amendment dated May 18, 2003
Reply to Office Action of November 19, 2003 (Paper No. 5)

Remarks

This application has been carefully reviewed in light of the Final Office Action dated November 19, 2003. By way of this amendment, claims 14 and 29 have been amended. Claims 14-26 and 29-32 are currently pending in the application. Applicant requests further review and reconsideration in light of the following remarks.

Claims 14-26 and 29-32 have been rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 5,924,074 (Evans) in view of U.S. Patent 5,970,466 (Detjen et al.) and further in view of U.S. Patent 6,283,761 (Joao). This rejection is respectfully traversed in light of the present amendment.

Evans is directed to an electronic medical records system and teaches a patient data repository which is connected to a point of care system by a network. The system allows a user to input data into the point of care system which is then stored at the patient data repository. Users at various locations may also access data already stored in the repository by using the point of care system.

Detjen et al. is directed to software for scheduling appointments in medical offices. Detjen et al. teaches a visual screen layout in which several vertical thermometer graphs are used to indicate the presence of scheduled appointments across horizontal cells.

Joao is directed to a method of processing healthcare information which includes medical information collection, processing, and storage aspects similar to those taught by Evans. The software taught by Joao is capable of evaluating a patient's medical history and providing a diagnostic report to a physician.

Independent method claims 14 and 29 have been rewritten to more clearly point out the distinctions between the prior art and the present invention. Specifically, the claims now recite, among other elements, that the plan of care comprises information specifying a plurality of diagnostic tests to be conducted by a plurality of medical providers, where the

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tests collectively identify the selected condition. In the method of the present invention, a plurality of tests are scheduled and performed by different medical providers, all with the purpose of identifying a particular selected condition, e.g. gastroesophageal reflux disease. The requesting party can then evaluate the patient's condition and select a treatment track based on the results from all of the tests. The claimed method is highly successful at identifying and allowing a medical provider to select an appropriate treatment track for chronic medical conditions which involve different medical specialties.

The added limitations in amended claims 14 and 29 are clearly not shown by the cited prior art. As noted in its previous response, Applicant concedes that Evans in view of Deljen et al. discloses a networked computer database system that has the capability of storing patient records and accepting input from various parties. However, these references, alone or in combination, fail to show the steps of creating a plan of care, including a plurality of tests performed by multiple medical providers that collectively identify a selected medical condition, which then serves as a guide for diagnosing and subsequently treating a medical condition.

In addition to the failure to teach the claimed plan of care, Evans and Deljen et al. also fail to teach the steps of storing the results of diagnostic tests specified by the plan of care in a database, and then creating a summary of the test results which is available to a health care provider for selection of a treatment track, as recited by amended claims 14 and 29.

The Examiner has stated that it would have been obvious to include the teachings of Joao within the method of Evans and Deljen et al. in order to make a proper diagnosis and administer the proper treatments and increasing the effectiveness of treatment of patients by allowing healthcare providers to quickly access and analyze data from remote locations.

However, even if Joao is combined with Evans and Deljen et al. as suggested, the

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combination fails to teach the all of the limitations of the amended claims. In particular, while Joao does allow multiple parties to view the results of a diagnostic test, it does not teach the creation of a plan of care which includes a plurality of tests to be performed by multiple medical providers for collectively identifying a selected medical condition. This is an important distinction. The present invention provides for the comprehensive and organized treatment of chronic conditions by provides a unified plan of care, which specifies what tests are needed to diagnose a patient and gives all parties involved scheduling information about the tests, and then stores the results of the tests. The completion status and results of the tests are known by all relevant parties, even if individual tests are performed by different healthcare providers at geographically separate locations. The plan of care thus serves as both a scheduling and management tool. By using this plan of care the present invention integrates the delivery of healthcare services by multiple healthcare providers to a patient so the patient can receive comprehensive treatment for his or her condition without having to resort to self-management of a confusing maze of medical records, appointments, and treatment options.

Applicant also points out that treatment centers utilizing the claimed method have enjoyed substantially improved commercial success after implementing the claimed method, as described in the enclosed declaration under 37 CFR 1.132. Applicant submits that this is further probative of the non-obvious nature of the claimed invention.

In light of the above, it is submitted that Evans in view of Detjen et al. and further in view of Joao fails to teach every element of amended claims 14 or 29 and the rejection should be withdrawn.

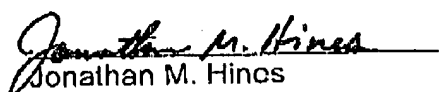
Claims 15-26 and 30-32 depend from amended claims 14 and 29 respectively and are thus believed to be allowable for the reasons set forth above.

In view of the above, it is submitted that the claims are in condition for allowance.

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Reconsideration of the objections and rejections is requested. Allowance of claims 14-26 and 29-32 at an early date is solicited.

Respectfully submitted,


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